PATENT APPLICATION FEE DETERMINATION RECOI									D 10787940				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
To	OTAL CLAIMS	5	19	19				RATE	FEE	٦ ً	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F		OR		<del></del>	
TOTAL CHARGEABLE CLAIMS			19 minus 20=		•			X\$ 9=		OR	Vaca	<u> </u>	
IN	DEPENDENT C	CLAIMS	う minus 3 =		•			X43=	1-	┪┈	YBC	-	
ML	ILTIPLE DEPE	NDENT CLAIM F	PRESENT							JOR			
* If the difference in column 1 is less than zero, enter "0" in column 2													
CLAIMS AS AMENDED - PART II										OR	TOTAL	770	
		(Column 1)	AMENDE	MENDED - PART II (Column 2) (Column 2)				SMALI	L ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 19	Minus	2	0	=		X\$ 9=		OR	X\$18=		
AME	Independent	· '3	Minus	244	3	=		X43=		ОЯ	X86=		
ك	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		i i	+290=	•	
12 2 14							-	TOTA	L	OR	TOTAL		
10	(Column 1) (Column 2) (Column 3)							ADDIT. FEI	<u> </u>	OR	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID E	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž	Total	. 19	Minus	- /	U	- (1)		X\$ 9=		OR	X\$18=		
AME	Independent	* <u> </u>	Minus	<u>(</u>	5	- 4		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
							L	TOTAL	<del>                                     </del>	OR	TOTAL		
•		(Column 1)		(Colum	n 21	(Column 2)	F	OOIT. FEE		OR ,	OOIT. FEE		
AMENDIMEN C		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBI PREVIOL PAID F	st Er Isly	PRESENT EXTRA		RATE :	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*·	Minus	#4		•		X\$ 9=		OR	X\$18≖	1 10 10	
Ų.	Independent	•	Minus	. ***		<b>5</b>	ŀ	X43=					
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1			OR	X86=		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290≈		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OPA ADDIT. FEE ADDIT. FEE													
π	18 Highest Num	ber Previously Paid	For (Total or	Independen	t) is the l	highest number	four	d in the ap	propriate box	in colu	mn 1.	:	

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